

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

63-028643

DO NOT WRITE
ON THIS STUDY

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3979

STATE FILE NUMBER

FILED AUG 6 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANASAS CITY

Length of stay in 1b

109rs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Psychiatric Receiving Center

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

619 W 13th St

c. CITY OR TOWN

KANASAS CITY

Inside Limits
Yes ☒ No ☐Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Edythe Abigail SHELL

7

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-30-95

9. AGE (last birthday)

68

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (City and state or country)

Greenwood, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

James Wilson

13b. MOTHER'S MAIDEN NAME

Emily E. Burton

14. NAME OF HUSBAND OR WIFE

SAMUEL SHELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

71A. Stella Lehman: 503 W. 7th St.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-28-63 to 7-13-63 and last saw her alive on July 13, 1963. Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Kansas City Mo.

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

7-16-63

23c. NAME OF CEMETERY OR CREMATORY

Orient Cemetery

23d. LOCATION (City, town, or county)

Harrisonville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Weilerts - 2332 Monitor Pl. K.C. Mo.

25. DATE REC'D BY LOCAL REG.

7-15-63

26. REGISTRAR'S SIGNATURE

Oruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

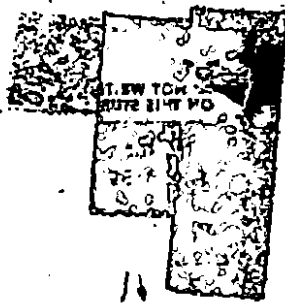
SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF E. Frank Ellis, MEDICAL CERTIFICATION



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Warkit

Licensed Embalmer No. 4075

P. O. Address K. C. 8, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.